		MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO. 10,5785					FILING DATE		
<b></b>	(FOR USE WITH FORM PTO-875)									APPLICANT(S)							
1			YY Yan	AF	TER	Å TO	Enn	LAIMS				**************************************		<del>, 10 C</del>			
	-	AS FILED  IND. DEP.		I <sup>#</sup> AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER I AMENDMENT		AFTER 2 - AMENDMENT			
1		1.	DEP.	IND:	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.		-		
2			1	<i> </i>				5					. 10141	IND.	DEP.		
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8		-						58									
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AL DEP.	9	-	17				-	TOTAL IND.	<del></del>		-	<b>」</b> ,◆		] +			
OTAL AIMS	14		7				*	TOTAL DEP			ra e			<b>40</b>			